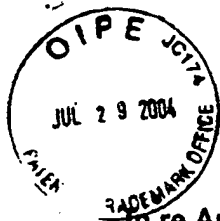


IPW



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Inventor: SIGURJONSSON et al.

Application No.: 10/725,574

Confirmation No: 5131

Filed: December 3, 2003

Attorney No.: SIGU3011/JEK/JJC

Customer No.: 23364

Examiner: Unassigned

Art Unit: 3761

For: WOUND DRESSING

PRELIMINARY AMENDMENT

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

Please amend the application in accordance with the following particulars.

In the Claims

Please add new claims 21-23 as shown in the List of Current Claims.

08/20/2004 LFULTON 00000004 020200 10725574

01 FC:1202 54.00 DA
02 FC:1201 172.00 DA

1202 - 854 ①
1201 - 8172 ②

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to:
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	SIGU3011/JEK/JJC
First Named Inventor (or identifier)	SIGURJONSSON
Total Pages	66

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **WOUND DRESSING**

☒ 1. Submitted herewith are the following:

42 pages of specification.
☒ Abstract.
 10 sheet(s) of drawings.
 20 claim(s).
☒ Oath/Declaration signed by each inventor.
☒ Application Data Sheet.
☐ Preliminary Amendment.
☒ Information Disclosure Statement(s).
 3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.
☒ Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.
☐ certified copy of application no. _____ filed in _____. Priority is claimed.
☒ check in the amount of \$ 810.00 including any assignment recordal fee.

☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.


☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -

☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -

☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:

Basic Fee:				\$770.00
Total Claims:	20	- 20 =	0	X \$18 = \$0.00
Independent Claims:	2	- 3 =	0	X \$86 = \$0.00
Correspondence Address:				Multiple Dependent Claim (add \$290.00):
23364				Subtotal: \$770.00
Customer Number				50% Reduction if Small Entity Status:
Phone: 703-683-0500 Fax: 703-683-1080				Total: \$770.00
Date:	Name:		Signature:	Reg. No.
December 3, 2003	JUSTIN J. CASSELL			46,205